

# PROGRAM EFFECTIVENESS PLAN GUIDEBOOK

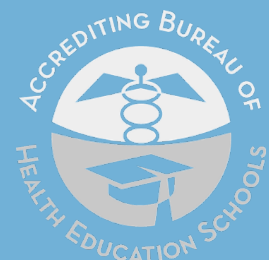
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THIS GUIDEBOOK HAS BEEN CREATED TO ASSIST SCHOOLS IN DEVELOPING A PEP REFLECTING THE AREAS OUTLINED IN THE *ABHES ACCREDITATION MANUAL*.

ABHES

ACCREDITING BUREAU OF HEALTH EDUCATION SCHOOLS | [WWW.ABHES.ORG](http://WWW.ABHES.ORG)  
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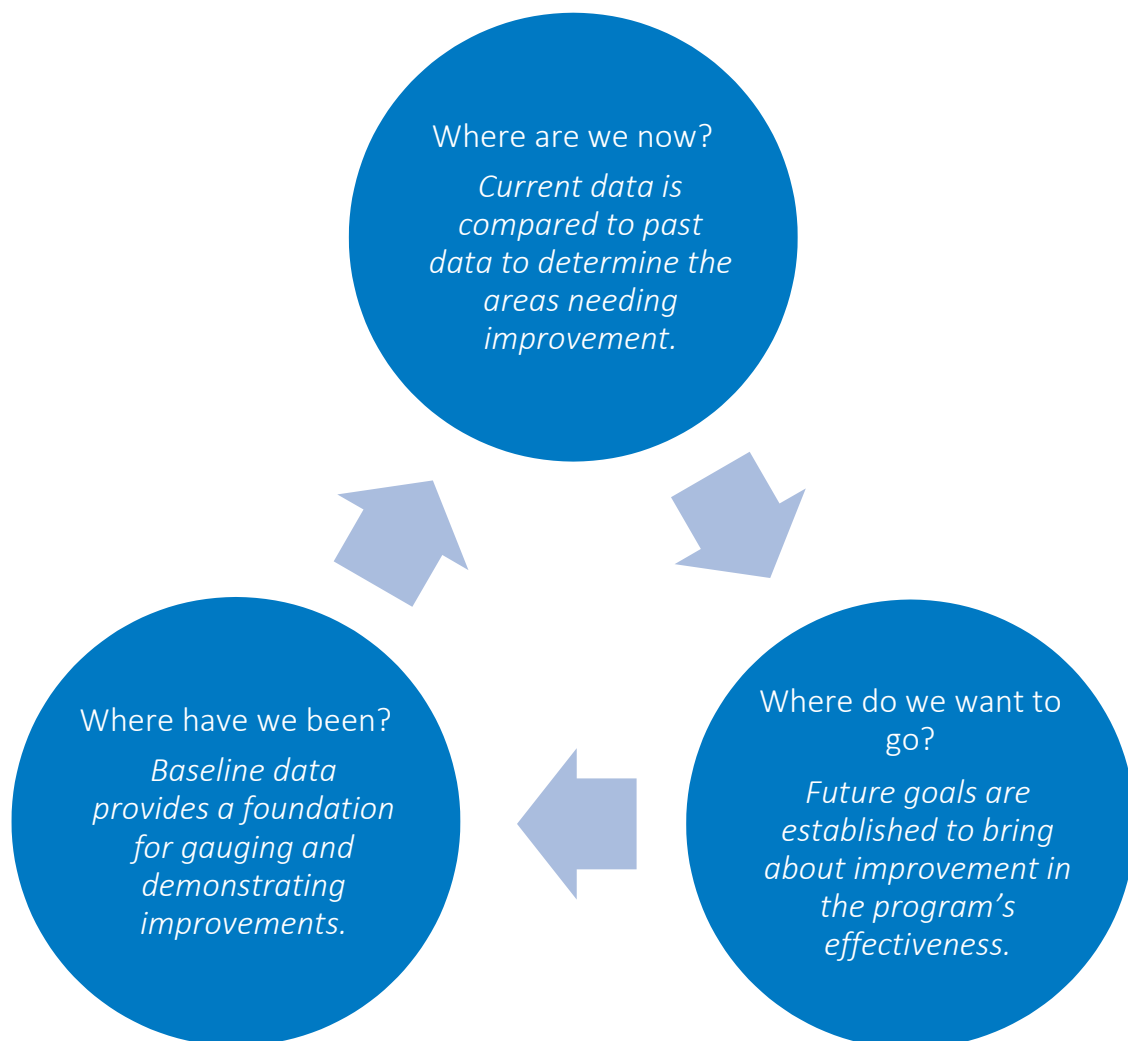
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## THE PROGRAM EFFECTIVENESS PLAN

The Program Effectiveness Plan (PEP) is an internal quality assessment tool used for evaluating *each program* and designing strategies to improve performance within an institution by:

- Identifying historical and current outcomes;
- Establishing and documenting specific goals; and
- Creating strategies to meet such goals.

The process of developing and maintaining a PEP requires that an institution use its past and present performance to set goals for future performance. The PEP continuously assesses:



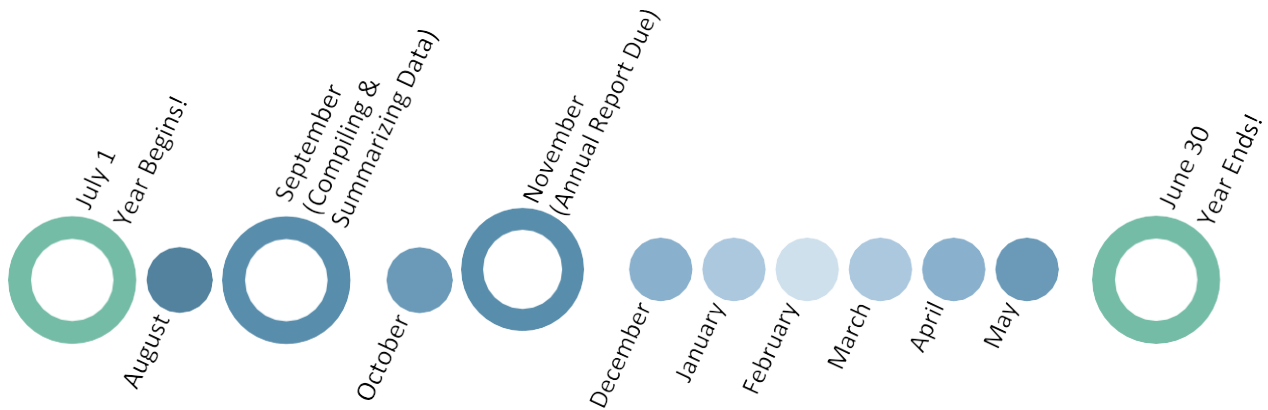
Develop the processes and strategies that will be used to achieve these new goals.

Developing a PEP involves collecting, maintaining, and using information about each program that reflects the specific areas outlined in Chapter V, Section I of the *ABHES Accreditation Manual*. The data should be analyzed for the 12-month ABHES reporting period, **July 1 through June 30**, and used as the foundation for making comparisons across future reporting periods. The PEP must be updated at least annually.

The PEP is unique to each program and institution. An institution must demonstrate its efforts to ensure continuous improvement on an annual basis by:

- Systematically collecting data and information on each of the student achievement indicators;
- Completing an analysis of the data and information, including but not limited to, performing a comparison with previous years' data; and
- Identifying, based upon the analysis of the data, what changes in strategies and/or activities will be made to increase program effectiveness.

### ABHES REPORTING YEAR



## PEP COVER PAGE

ABHES reporting period covered by the following PEP (*July 1, 20XX through June 30, 20XX*):

Prepared By:	
Date Reviewed:	

For the purposes of this outline, the following is a suggested title page for an individual PEP:

Name of Institution:							
ABHES ID#: (Renewal Applicants Only)							
Street Address:							
City:				State:			Zip:
Phone #:				Website:			

### PROGRAM INFORMATION

The information provided in the chart below must match that approved by the appropriate oversight agencies and is consistent with other institutional publications.

PROGRAM NAME	IN CLASS CLOCK HOURS	*RECOGNIZED OUTSIDE CLOCK HOURS	TOTAL CLOCK HOURS	LENGTH IN WEEKS	ACADEMIC CREDIT: <input type="checkbox"/> QUARTER <input checked="" type="checkbox"/> SEMESTER	METHOD OF DELIVERY	CREDENTIAL AWARDED <i>DO NOT ABBREVIATE</i>
<i>Medical Assistant</i>	<i>1080</i>		<i>1080</i>	<i>44, 60</i>	<i>57.0</i>	<i>Residential; Blended; Full Distance</i>	<i>Diploma</i>
<i>Medical Assistant</i>	<i>1180</i>		<i>1180</i>	<i>60, 70</i>	<i>91.0</i>	<i>Residential; Blended; Full Distance</i>	<i>Associate of Occupational Science (AOS)</i>

*\*This field is not applicable to clock-hour only programs. For renewal applicants, reflect that which is currently approved by ABHES. For initial applicants, reflect that which is identified on the completed Application for Accreditation and Self Evaluation Report (SER).*

## PROGRAM OBJECTIVES



### KEYS TO SUCCESS

Program objectives are identified and consistent with all other institutional documents describing the program. An annual review is conducted to assess whether the program objectives are consistent with the field of study and the credential(s) awarded to include the comprehensive preparation of graduates to work in the career field.



### METHOD OF EVALUATION

- Are the program objectives consistent with all other institutional documents describing the program?

## PROGRAM EFFECTIVENESS PLAN CONTENT

*V.I.2. A program has an established documented plan for assessing its effectiveness annually as defined by specific outcomes.*

*While each program must represent each element required below, the plan may be a comprehensive one which collectively represents all programs within the institution or may be individual plans for each distinct program. A plan should contain a cover page and identify the program objectives, which must be consistent with all other documents describing the program.*

*The PEP specifies a process and a timetable for the annual assessment of program effectiveness, and identifies the process for how data is collected, timetable for data collection, and parties responsible for data collection.*

**The Program Effectiveness Plan clearly describes the following elements:**

- a. Program Retention rate
- b. Credentialing Examination participation rate
- c. Credentialing Examination pass rate
- d. Job placement rate
- e. Surveys that measure (i) participation, and (ii) satisfaction for:
  1. Students
  2. External clinical affiliates
  3. Graduates
  4. Employers
- f. Delivery Method Assessment (if program is offered in a blended or full distance education format)
- g. Curriculum Assessment

## RETENTION RATE

### *V.I.2. (element a) – Program Retention Rate:*

*The retention rate for the previous two years and the current year is identified which is determined by using the ABHES required method of calculation for the reporting period July 1 through June 30. Based upon these rates, the institution must conduct an analysis of the data to identify any trends, including those related to the student population (characteristics/demographics) and other applicable factors; and based upon the analysis, identify its retention rate goal for the next reporting year and the factors considered in determining such a goal and the activities undertaken to meet the goal. If any portion of a program is offered at a separate educational center that is beyond a reasonable and customary commuting distance, the PEP includes an assessment of the disaggregated retention rate.*

#### *V.I.1.a. A program demonstrates that students complete their program.*

*The retention rate is determined by using the ABHES required method of calculation, for the reporting period July 1 through June 30, as follows:*

$$\text{Retention Rate} = (EE + G) / (BE + NS + RE)$$

*EE = Ending Enrollment (Number of students in class, on clinical experience and/or leave of absence on June 30)*

*G = Graduates*

*BE = Beginning Enrollment (Number of students in class, on clinical experience and/or leave of absence on July 1)*

*NS = New Starts*

*RE = Re-Entries (number of students that re-enter into school who dropped from a previous annual report time period)*



### SUPPORTING DOCUMENTATION

At a minimum, an institution maintains the names of all enrollees by program, start date, and graduation date using the **ABHES Back-Up Documentation Form**, which must be completed and provided upon request to support the rates identified in the PEP.



Program Name & Credential	ABHES REPORTING YEAR			
	7/1/XX – 6/30/XX (2 years prior)	7/1/XX – 6/30/XX (1 year prior)	7/1/XX – 6/30/XX (current)	7/1/XX – 6/30/XX (goal)
<i>Medical Assistant – Diploma</i>				
<i>Medical Assistant – AOS</i>				

*\*Initial applicants are only required to report data that is available at the time of the PEP submission as part of the Self Evaluation Report (SER); however, updated information should be provided at the time of an on-site evaluation visit.*

 RETENTION TRACKING PROCESS

The Program Effectiveness Plan specifies a process and a timetable for the annual assessment of each program’s effectiveness.

**Responding to each of the following questions will assist the institution in identifying its process for tracking RETENTION.**

1. What is the process for tracking **retention** data?
2. Who (this might be one or more individuals) is responsible for collecting and monitoring **retention** data?
3. How frequently is **retention** data reviewed?

 KEYS TO SUCCESS

Program **retention** rate must reflect what was reported in the ABHES annual report for renewal applicants or the Self Evaluation Report (SER) for initial applicants, and/or any subsequent updates using the **ABHES Back-Up Documentation Form**. The supporting documentation is not required to be included in the PEP but must be readily available upon request.

If the program was directed to submit an action plan to ABHES reflecting measures taken to correct any deficiencies, the plan and any updates must also be reflected in the PEP.

In conducting an analysis of the data, the program should assess the existing goal, identify trends, and consider factors such as:

- Student population – characteristics/demographics (required – see pg. 31)
- Institutional policy
- Satisfaction surveys
- Advisory Board input
- Faculty changes & input

## RETENTION RATE

- Curriculum (e.g., course sequence, recent changes, delivery method)
- Market analysis (e.g., economy, industry or regional changes)
- Facility
- Equipment & supplies
- Last year's goal/action plan
- Other contributing factors?

Based upon the analysis of the **retention** data, what actions/activities will be implemented (e.g., action plan) to impact the retention rate?

Upon successful implementation of actions/activities described above, what is the achievable **retention** rate goal for the next reporting year/PEP review?



### METHOD OF EVALUATION

- Did the program **retention** rate match that which was reported in the ABHES annual report for renewal applicants, or SER for initial applicants, and/or any subsequent updates?
- Was a program **retention** rate goal identified?
- Did the **retention** data analysis identify trends, including those related to the student population (characteristics/demographics), and other applicable factors to support the **retention** rate goal?
- Did the **retention** rate goal appear consistent with trend or baseline data?
- Did the institution identify the activities undertaken (action plan) to meet the program **retention** rate goal?

## CREDENTIALING EXAMINATION PARTICIPATION & PASS RATE

These sections are being combined given the relationship of the credentialing examination participation and pass rates.

### *V.I.2. (element b) – Credentialing Examination Participation Rate:*

*The credentialing examination participation rate for the previous two years and the current year is identified which is determined by using the ABHES required method of calculation for the reporting period July 1 through June 30. Based upon these rates, the institution must conduct an analysis of the data to identify any trends, including those related to the student population (characteristics/demographics) and other applicable factors; and based upon the analysis, identify its credentialing participation rate goal for the next reporting year and the factors considered in determining such a goal and the activities undertaken to meet the goal. If any portion of a program is offered at a separate educational center that is beyond a reasonable and customary commuting distance, the PEP includes an assessment of the disaggregated examination participation rate.*

### *V.I.1.b. A program demonstrates that graduates participate in credentialing examinations required for employment.*

*The participation of program graduates in credentialing or licensure examinations must be monitored and evaluated, if either of the following are true:*

- i. The only pathway to employment in the program field is attempting and passing a license or credential examination within six months or less of program completion as required by a regulatory body (e.g., state or other governmental agencies) if the state in which the student or program is located requires it; or*
- ii. The program is accredited by another agency that requires program graduates to participate in a license or credentialing exam.*

*The credentialing participation rate is determined by using the ABHES required method of calculation, for the reporting period July 1 through June 30, as follows:*

***Examination participation rate = GT/GE***

*GT = Total graduates taking examination*

*GE= Total graduates eligible to sit for examination*

*V.I.2. (element c) – Credentialing Examination Pass Rate:*

*The credentialing examination pass rate for the previous two years and the current year is identified which is determined by using the ABHES required method of calculation for the reporting period July 1 through June 30. Based upon these rates, the institution must conduct an analysis of the data to identify any trends, including those related to the student population (characteristics/demographics) and other applicable factors; and based upon the analysis, identify its credentialing pass rate goal for the next reporting year and the factors considered in determining such a goal and the activities undertaken to meet the goal. If any portion of a program is offered at a separate educational center that is beyond a reasonable and customary commuting distance, the PEP includes an assessment of the disaggregated examination pass rate.*

*V.I.1.c. A program demonstrates that graduates are successful on credentialing examinations required for employment.*

*The passage rate of program graduates in credentialing or licensure examinations must be monitored and evaluated, if either of the following are true:*

- i. The only pathway to employment in the program field is attempting and passing a license or credential examination within six months or less of program completion as required by a regulatory body (e.g., state or other governmental agencies) if the state in which the student or program is located requires it; or*
- ii. The program is accredited by another agency that requires program graduates to participate in a license or credentialing exam.*

*This review includes curricular areas in need of improvement. A program maintains documentation of such review and any pertinent curricular changes made as a result.*

*The credentialing pass rate is determined by using the ABHES required method of calculation, for the reporting period July 1 through June 30, as follows:*

***Examination Pass Rate = GP/GT***

*GP = Graduates passing examination (any attempt)*

*GT = Total graduates taking examination*

The following screening questions are based upon the criteria per **Standard, V.I.1.b**, and are provided to assist the institution in determining whether it needs to complete and include these sections within the PEP:

### Screening Question #1:

Is attempting and passing a license or credential examination within six months or less of program completion required by a regulatory body (e.g., state or other governmental agency) in the state in which the student or program is located?

- If YES, then the following sections must be included within your PEP.
- If NO, proceed to Screening Question #2.

### Screening Question #2:

Is the program accredited by another agency that requires program graduates to participate in a license or credentialing examination?

- If YES, then the following sections must be included within your PEP.
- If NO, then state in your PEP that “these sections do not apply to [program name]” and proceed to the next section.



## SUPPORTING DOCUMENTATION

At a minimum, the names of all graduates by program, actual graduation date, and the credentialing or licensure exam for which they are required to sit for employment are maintained using the **ABHES Back-Up Documentation Form**, which must be completed and provided upon request to support the rates identified in the PEP.

Program Name & Credential	ABHES REPORTING YEAR			
	7/1/XX – 6/30/XX (2 years prior)	7/1/XX – 6/30/XX (1 year prior)	7/1/XX – 6/30/XX (current)	7/1/XX – 6/30/XX (goal)
<b>Participation Rate(s):</b>				
Medical Assistant – Diploma				
Medical Assistant – AOS				
<b>Pass Rate(s):</b>				
Medical Assistant – Diploma				
Medical Assistant – AOS				

*\*Initial applicants are only required to report data that is available at the time of the PEP submission as part of the Self Evaluation Report (SER); however, updated information should be provided at the time of an on-site evaluation visit.*



CREREDENTIALING TRACKING PROCESS

The Program Effectiveness Plan specifies a process and a timetable for the annual assessment of each program’s effectiveness.

**Responding to each of the following questions will assist the institution in identifying its process for tracking **CREREDENTIALING**:**

1. What is the process for tracking **credentialing** data?
  - A. Examination Participation Rates
  - B. Examination Pass Rates
  
2. Who (this might be one or more individuals) is responsible for collecting and monitoring **credentialing** data?
  - A. Examination Participation Rates
  - B. Examination Pass Rates
  
3. How frequently is **credentialing** data reviewed?
  - A. Examination Participation Rates
  - B. Examination Pass Rates

 KEYS TO SUCCESS

Program **credentialing participation and pass** rates must reflect what was reported in the ABHES annual report for renewal applicants or the Self Evaluation Report (SER) for initial applicants using **ABHES Back-Up Documentation Form**. The supporting documentation is not required to be included in the PEP but must be readily available upon request.

If the program was directed to submit an action plan to ABHES reflecting measures taken to correct any deficiencies, the plan and any updates must also be reflected in the PEP.

In conducting an analysis of the data, the program should assess the existing goal, identify trends, and consider factors such as:

- Student population – characteristics/demographics (required)
- Institutional policy
- Satisfaction surveys
- Advisory Board input
- Faculty changes & input
- Curriculum (e.g., course sequence, recent changes, delivery method)
- Market analysis (e.g., economy, industry or regional changes)
- Facility
- Equipment & supplies
- Last year’s goal/action plan
- Other contributing factors?

Based upon the analysis of the **credentialing** data, what actions/activities will be implemented (e.g., action plan) to impact:

- A. Examination Participation Rates
- B. Examination Pass Rates

Upon successful implementation of actions/activities described above, what is the achievable **credentialing** goal for the next reporting year/PEP review for:

- A. Examination Participation Rates
- B. Examination Pass Rates



METHOD OF EVALUATION

- Did the program **credentialing** rate provided in the PEP match that which was reported in the ABHES annual report for renewal applicants, or SER for initial applicants, and/or any subsequent updates?
  - A. Examination Participation Rate
  - B. Examination Pass Rate
  
- Was a program **credentialing** rate goal identified?
  - A. Examination Participation Rate
  - B. Examination Pass Rate
  
- Did the **credentialing** data analysis identify trends, including those related to the student population (characteristics/demographics), and other applicable factors to support the **credentialing** rate goal?
  - A. Examination Participation Rate
  - B. Examination Pass Rate
  
- Did the **credentialing** rate goal appear consistent with trend or baseline data?
  
- Were the activities to be undertaken (action plan) to meet the program **credentialing** goal identified?
  - A. Examination Participation Rates
  - B. Examination Pass Rates



## PLACEMENT RATE

### *V.I.2. (element d) – Job Placement Rate:*

*The job placement rate for the previous two years and the current year is identified which is determined by using the ABHES required method of calculation for the reporting period July 1 through June 30. Based upon these rates, the institution must conduct an analysis of the data to identify any trends, including those related to the student population (characteristics/demographics) and other applicable factors; and based upon the analysis, identify its placement rate goal for the next reporting year and the factors considered in determining such a goal and the activities undertaken to meet the goal. If any portion of a program is offered at a separate educational center that is beyond a reasonable and customary commuting distance, the PEP includes an assessment of the disaggregated job placement rate.*

*V.I.1.d. A program demonstrates that graduates are successfully employed in the field for which they were trained.*

**An institution has a system in place to assist with the successful initial employment of its graduates. A graduate must be employed for 15 days, and the verification must take place no earlier than 15 days after employment.**

*The placement rate is determined by using the ABHES required method of calculation, for the reporting period July 1 through June 30, as follows:*

**Placement Rate = (P)/(G-U)**


*P = Placed graduates*

*G = Total graduates*

*U = Graduates unavailable for placement*

***Placed graduates** are defined as those employed in a position wherein the majority of the job functions are related to the skills and knowledge acquired through successful completion of the training program.*

***Unavailable** is defined only as documented: health-related issues, military obligations, incarceration, continuing education status, or death. Institutions must have on file additional documentation and rationale to justify graduates identified in this category. Examples of documentation may include but is not limited to a doctor's note, military orders, arrest documentation, enrollment agreement, acceptance letter, or death certificate.*

 **Important Note:** Graduates pending required credentialing/licensure in a regulated profession required to work in the field should be reported through back-up information required in the Annual Report. This fact will then be taken into consideration if the program placement rate falls below expectations and an Action Plan is required by ABHES.



## SUPPORTING DOCUMENTATION

At a minimum, an institution maintains the names of graduates, place of employment, job title, employer telephone numbers, and employment and verification dates using the [ABHES Back-Up Documentation Form](#), which must be completed and provided upon request to support the rates identified in the PEP. An institution must maintain additional documentation and rationale to justify graduates placed, when the graduate’s job title does not match the title of the approved program. If the institution utilizes a graduate attestation, it must have a policy at the campus level to validate the attestation in place. All graduate attestations must be signed and dated by the graduate.

Program Name & Credential	ABHES REPORTING YEAR			
	7/1/XX – 6/30/XX (2 years prior)	7/1/XX – 6/30/XX (1 year prior)	7/1/XX – 6/30/XX (current)	7/1/XX – 6/30/XX (goal)
<i>Medical Assistant – Diploma</i>				
<i>Medical Assistant – AOS</i>				

*\*Initial applicants are only required to report data that is available at the time of the PEP submission as part of the Self Evaluation Report (SER); however, updated information should be provided at the time of an on-site evaluation visit.*



## PLACEMENT TRACKING PROCESS

The Program Effectiveness Plan specifies a process and a timetable for the annual assessment of each program’s effectiveness.

**Responding to each of the following questions will assist the institution in identifying its process for tracking **PLACEMENT**.**

1. What is the process for tracking **placement** data?
2. Who (this might be one or more individuals) is responsible for collecting and monitoring **placement** data?
3. How frequently is **placement** data reviewed?



KEYS TO SUCCESS

Program **placement** rate must reflect what was reported in the ABHES annual report for renewal applicants or the Self Evaluation Report (SER) for initial applicants, and/or any subsequent updates using the **ABHES Back-Up Documentation Form**. The supporting documentation is not required to be included in the PEP but must be readily available upon request.

If the program was directed to submit an action plan to ABHES reflecting measures taken to correct any deficiencies, the plan and any updates must also be reflected in the PEP.

In conducting an analysis of the data, the program should assess the existing goal, identify trends, and consider factors such as:

- Student population – characteristics/demographics (required)
- Institutional policy
- Satisfaction surveys
- Advisory Board input
- Faculty changes & input
- Curriculum (e.g., course sequence, recent changes, delivery method)
- Market analysis (e.g., economy, industry or regional changes)
- Facility
- Equipment & supplies
- Last year’s goal/action plan
- Other contributing factors?

Based upon the analysis of the **placement** data, what actions/activities will be implemented (e.g., action plan) to impact the retention rate?

Upon successful implementation of actions/activities described above, what is the achievable **placement** goal for the next reporting year/PEP review?



METHOD OF EVALUATION

- Did the program **placement** rate provided match that which was reported in the ABHES annual report for renewal applicants, or SER for initial applicants, and/or any subsequent updates?
- Was a program **placement** rate goal identified?
- Did the **placement** data analysis identify trends, including those related to the student population (characteristics/demographics), and other applicable factors to support the **placement** rate goal?
- Did the **placement** rate goal appear consistent with trend or baseline data?
- Did the institution identify the activities undertaken (action plan) to meet the program **placement** rate goal?

## SURVEYS FOR STUDENTS, EXTERNAL CLINICAL AFFILIATES, GRADUATES, & EMPLOYERS

*V.I.2. (element e) – Satisfaction surveys of students, external clinical affiliates, graduates, and employers:*

*At a minimum, an annual review of results of the surveys is conducted, and results are shared with administration, faculty, and advisory boards. Decisions and action plans are based upon review of the surveys, and any changes made are documented (e.g., meeting minutes, memoranda).*

*V.I.1.e. A program demonstrates that its required constituencies participate in completing program surveys.*


*A program must survey the following constituencies: students, external clinical affiliates, graduates, and employers. The purpose of the surveys is to collect data regarding a perception of a program's strengths and areas for improvement. Accordingly, a program must document that at a minimum the survey data included in its effectiveness assessment include the following:*

*Student:*

Student surveys provide insight regarding student satisfaction relative to all aspects of the program, including the following:

- i. Instruction
- ii. Educational resources
- iii. Student services
- iv. Clinical experience

The student surveys identify strengths and areas for improvement from a student's perspective.


 **NOTE:** An institution must evidence that it obtains student feedback regarding both classroom and clinical experiences. This can be accomplished by an institution utilizing one comprehensive survey given at the end of the program or utilizing multiple surveys administered at different times throughout the program.

*External clinical affiliate:*

External clinical affiliate surveys provide insight regarding affiliates' satisfaction relative to program training, including the following:

- i. A critique of collective student knowledge and skills upon completion of their in-school training and reflect how well the students are trained to perform their required tasks.
- ii. An assessment of the strengths and weaknesses, and proposed changes, in the instructional activities for currently enrolled students.
- iii. Evaluate the responsiveness and support provided by the designated school representative, who visited the site and remained in contact with the site throughout the duration of the students' clinical experience.

The external clinical affiliate surveys identify strengths and areas for improvement of a program from an affiliate’s perspective.


 **NOTE:** External clinical affiliate surveys are to be administered at a minimum annually to each affiliate. The intent of the survey is to assess the affiliate’s satisfaction with the program, not individual student performance.

*Graduate:*

Graduate surveys provide insight regarding graduates’ satisfaction with the following:

- i. Preparedness for entry into the program field
- ii. Training and education
- iii. Career services

The graduate surveys identify strengths and areas for improvement of a program from a graduate’s perspective.

 **NOTE:** Graduate surveys are to be administered to all program graduates. In an effort to obtain quality feedback, graduate surveys should be administered in a timeframe following program completion that allows graduates an opportunity to participate in mandatory credentialing or licensure examinations and/or seek and secure employment in the program field. Graduate survey data should provide a different perspective from student survey data.

*Employer:*

Employer surveys provide insight regarding employers’ satisfaction with the following:

- i. Skill level of the employees
- ii. Would hire another graduate from the program

The employer surveys identify strengths and areas for improvement of a program from an employer’s perspective.

 **NOTE:** Employer surveys are to be administered no earlier than the verification of employment.

The survey participation rate is determined by using the ABHES required method of calculation, for the reporting period July 1 through June 30, as follows:

**Survey Participation Rate = SP / NS**

SP = Survey Participation (those who actually filled out the survey)  
 NS = Number Surveyed (total number of surveys sent out)

*V.I.1.f. A program demonstrates that each constituency satisfaction rate is determined based on program surveys.*

The satisfaction rate is determined by using the ABHES required method of calculation, for the reporting period July 1 through June 30, as follows:

**Satisfaction Rate = SL/SP**

SL = Satisfaction Level

SP = Survey Participation

The satisfaction level is determined by the institution and the definition must be provided in the institution’s Program Effectiveness Plan (PEP). Satisfaction Level, Survey Participation, and calculation of Satisfaction Rate must be documented in the PEP; the rate alone is not acceptable.



**STUDENT SURVEYS**

Program Name & Credential	ABHES REPORTING YEAR			
	7/1/XX – 6/30/XX (2 years prior)	7/1/XX – 6/30/XX (1 year prior)	7/1/XX – 6/30/XX (current)	7/1/XX – 6/30/XX (goal)
<b>Participation Rate(s):</b>				
<i>Medical Assistant – Diploma</i>				
<i>Medical Assistant – AOS</i>				
<b>Satisfaction Rate(s):</b>				
<i>Medical Assistant – Diploma</i>				
<i>Medical Assistant – AOS</i>				

*\*Initial applicants and/or new program applicants are only required to report data that is available at the time of the PEP submission as part of the Self Evaluation Report (SER); however, updated information must be available at the time of an on-site evaluation visit.*



**SUPPORTING DOCUMENTATION**

The program must identify how the participation and satisfaction rates were calculated. Copies of completed surveys and/or the raw data supporting such rates do not need to be part of the PEP but must be readily available upon request for verification purposes.

 TRACKING PROCESS & OUTCOMES ASSESSMENT

The Program Effectiveness Plan specifies a process and a timetable for the annual assessment of each program's effectiveness.

**Responding to each of the following questions will assist the institution in conducting an assessment of each program's effectiveness regarding STUDENT SURVEYS:**

1. What is the process for tracking **student survey** data?
  - A. Participation
  - B. Satisfaction
2. Who (this might be one or more individuals) is responsible for collecting and monitoring **student survey** data?
  - A. Participation
  - B. Satisfaction
3. How frequently is **student survey** data reviewed?
  - A. Participation
  - B. Satisfaction
4. How does the program define or determine satisfaction level when tallying/summarizing **student survey** data for calculating the satisfaction rate (*Standard V.I.1.f.*)?
5. Are there any trends apparent in the **student survey** data? If so, what are the contributing factors?
  - A. Participation
  - B. Satisfaction
6. What changes have been made based upon the analysis of the **student survey** data?
  - A. Participation
  - B. Satisfaction

 KEYS TO SUCCESS

The program must evidence that it has a systematic process for regularly surveying constituents. Results of the constituency surveys are shared with the administration, faculty, and advisory board. Survey rates are determined using the ABHES reporting period, July 1 to June 30.

In conducting an analysis of **student survey** feedback, the program should identify trends, strengths and areas for improvement, and factors impacting satisfaction/participation rates.

Based upon the analysis of the **student survey** data, identify actions/activities to be implemented (action plan) to impact the satisfaction/participation rates.



### METHOD OF EVALUATION

- Was an annual review of the **student survey** results conducted to identify strengths and areas for improvement, and factors impacting satisfaction/participation rates?
- Did the program identify how the **student survey** participation and satisfaction rates were calculated?
- Were **student survey** results shared with the administration, faculty, and advisory board?
- Based upon the analysis of the **student survey** data, did the program identify actions/activities to be implemented (action plan) to impact the participation/satisfaction rates?



### EXTERNAL CLINICAL AFFILIATE SURVEYS

Program Name & Credential	ABHES REPORTING YEAR			
	7/1/XX – 6/30/XX (2 years prior)	7/1/XX – 6/30/XX (1 year prior)	7/1/XX – 6/30/XX (current)	7/1/XX – 6/30/XX (goal)
<b>Participation Rate(s):</b>				
<i>Medical Assistant – Diploma</i>				
<i>Medical Assistant – AOS</i>				
<b>Satisfaction Rate(s):</b>				
<i>Medical Assistant – Diploma</i>				
<i>Medical Assistant – AOS</i>				

*\* Initial and/or new program applicants are only required to report data that is available at the time of the PEP submission as part of the Self Evaluation Report (SER); however, updated information must be available at the time of an on-site evaluation visit.*



### SUPPORTING DOCUMENTATION

The program must identify how the participation and satisfaction rates were calculated. Copies of completed surveys and/or the raw data supporting such rates do not need to be part of the PEP but must be readily available upon request for verification purposes.





## TRACKING PROCESS & OUTCOMES ASSESSMENT

The Program Effectiveness Plan specifies a process and a timetable for the annual assessment of each program's effectiveness.

**Responding to each of the following questions will assist the institution in conducting an assessment of each program's effectiveness regarding EXTERNAL CLINICAL AFFILIATE SURVEYS:**

1. What is the process for tracking **external clinical affiliate survey** data?
  - A. Participation
  - B. Satisfaction
2. Who (this might be one or more individuals) is responsible for collecting and monitoring **external clinical affiliate survey** data?
  - A. Participation
  - B. Satisfaction
3. How frequently is **external clinical affiliate survey** data reviewed?
  - A. Participation
  - B. Satisfaction
4. How does the program define or determine satisfaction level when tallying/summarizing **external clinical affiliate survey** data for calculating the satisfaction rate (*Standard V.I.1.f.*)?
5. Are there any trends apparent in the **external clinical affiliate survey** data? If so, what are the contributing factors?
  - A. Participation
  - B. Satisfaction
6. What changes have been made based upon the analysis of the **external clinical affiliate survey** data?
  - A. Participation
  - B. Satisfaction



## KEYS TO SUCCESS

The program must evidence that it has a systematic process for regularly surveying constituents. Results of the constituency surveys are shared with the administration, faculty, and advisory board. Survey rates are determined using the ABHES reporting period, July 1 to June 30.

In conducting an analysis of **external clinical affiliate survey** feedback, the program should identify trends, strengths and areas for improvement, and factors impacting satisfaction/participation rates.

Based upon the analysis of the **external clinical affiliate survey** data, identify actions/activities to be implemented (action plan) to impact the satisfaction/participation rates.



METHOD OF EVALUATION

- Was an annual review of the **external clinical affiliate survey** results conducted to identify strengths and areas for improvement, and factors impacting satisfaction/participation rates?
- Did the program identify how the **external clinical affiliate survey** participation and satisfaction rates were calculated?
- Were **external clinical affiliate survey** results shared with the administration, faculty, and advisory board?
- Based upon the analysis of the **external clinical affiliate survey** data, did the program identify actions/activities to be implemented (action plan) to impact the participation/satisfaction rates?



GRADUATE SURVEYS

Program Name & Credential	ABHES REPORTING YEAR			
	7/1/XX – 6/30/XX (2 years prior)	7/1/XX – 6/30/XX (1 year prior)	7/1/XX – 6/30/XX (current)	7/1/XX – 6/30/XX (goal)
<b>Participation Rate(s):</b>				
<i>Medical Assistant – Diploma</i>				
<i>Medical Assistant – AOS</i>				
<b>Satisfaction Rate(s):</b>				
<i>Medical Assistant – Diploma</i>				
<i>Medical Assistant – AOS</i>				

*\*Initial and/or new program applicants are only required to report data that is available at the time of the PEP submission as part of the Self Evaluation Report (SER); however, updated information must be available at the time of an on-site evaluation visit.*



SUPPORTING DOCUMENTATION

The program must identify how the participation and satisfaction rates were calculated. Copies of completed surveys and/or the raw data supporting such rates do not need to be part of the PEP but must be readily available upon request for verification purposes.



## TRACKING PROCESS & OUTCOMES ASSESSMENT

The Program Effectiveness Plan specifies a process and a timetable for the annual assessment of each program's effectiveness.

**Responding to each of the following questions will assist the institution in conducting an assessment of each program's effectiveness regarding GRADUATE SURVEYS:**

1. What is the process for tracking **graduate survey** data?
  - A. Participation
  - B. Satisfaction
  
2. Who (this might be one or more individuals) is responsible for collecting and monitoring **graduate survey** data?
  - A. Participation
  - B. Satisfaction
  
3. How frequently is the **graduate survey** data reviewed?
  - A. Participation
  - B. Satisfaction
  
4. How does the program define or determine satisfaction level when tallying/summarizing **graduate survey** data for calculating the satisfaction rate (*Standard V.I.1.f*)?
  
5. Are any trends apparent in the **graduate survey** data? If so, what are the contributing factors?
  - A. Participation
  - B. Satisfaction
  
6. What changes have been made based upon the analysis of the **graduate survey** data?
  - A. Participation
  - B. Satisfaction



## KEYS TO SUCCESS

The program must evidence that it has a systematic process for regularly surveying constituents. Results of the constituency surveys are shared with the administration, faculty, and advisory board. Survey rates are determined using the ABHES reporting period, July 1 to June 30.

In conducting an analysis of **graduate survey** feedback, the program should identify trends, strengths and areas for improvement, and factors impacting satisfaction/participation rates.

Based upon the analysis of the **graduate survey** data, identify actions/activities to be implemented (action plan) to impact the satisfaction/participation rates.



METHOD OF EVALUATION

- Was an annual review of the **graduate survey** results conducted to identify strengths and areas for improvement, and factors impacting satisfaction/participation rates?
- Did the program identify how the **graduate survey** participation and satisfaction rates were calculated?
- Were **graduate survey** results shared with the administration, faculty, and advisory board?
- Based upon the analysis of the **graduate survey** data, did the program identify actions/activities to be implemented (action plan) to impact the participation/satisfaction rates?



EMPLOYER SURVEYS

Program Name & Credential	ABHES REPORTING YEAR			
	7/1/XX – 6/30/XX (2 years prior)	7/1/XX – 6/30/XX (1 year prior)	7/1/XX – 6/30/XX (current)	7/1/XX – 6/30/XX (goal)
<b>Participation Rate(s):</b>				
<i>Medical Assistant – Diploma</i>				
<i>Medical Assistant – AOS</i>				
<b>Satisfaction Rate(s):</b>				
<i>Medical Assistant – Diploma</i>				
<i>Medical Assistant – AOS</i>				

*\*Initial and/or new program applicants are only required to report data that is available at the time of the PEP submission as part of the Self Evaluation Report (SER); however, updated information must be available at the time of an on-site evaluation visit.*



SUPPORTING DOCUMENTATION

The program must identify how the participation and satisfaction rates were calculated. Copies of completed surveys and/or the raw data supporting such rates do not need to be part of the PEP but must be readily available upon request for verification purposes.



## TRACKING PROCESS &amp; OUTCOMES ASSESSMENT

The Program Effectiveness Plan specifies a process and a timetable for the annual assessment of each program's effectiveness.

**Responding to each of the following questions will assist the institution in conducting an assessment of each program's effectiveness regarding EMPLOYER SURVEYS:**

1. What is the process for tracking **employer survey** data?
  - A. Participation
  - B. Satisfaction
  
2. Who (this might be one or more individuals) is responsible for collecting and monitoring **employer survey** data?
  - A. Participation
  - B. Satisfaction
  
3. How frequently is **employer survey** data reviewed?
  - A. Participation
  - B. Satisfaction
  
4. How does the program define or determine satisfaction level when tallying/summarizing **employer survey** data for calculating the satisfaction rate (*Standard V.I.1.f.*)?
  
5. Are there any trends apparent in the **employer survey** data? If so, what are the contributing factors?
  - A. Participation
  - B. Satisfaction
  
6. What changes have been made based upon the analysis of the **employer survey** data?
  - A. Participation
  - B. Satisfaction



## KEYS TO SUCCESS

The program must evidence that it has a systematic process for regularly surveying constituents. Results of the constituency surveys are shared with the administration, faculty, and advisory board. Survey rates are determined using the ABHES reporting period, July 1 to June 30.

**In conducting an analysis of **employer survey** feedback, the program should identify trends, strengths and areas for improvement, and factors impacting satisfaction/participation rates.**

Based upon the analysis of the **employer survey** data, identify actions/activities to be implemented (action plan) to impact the satisfaction/participation rates.



## METHOD OF EVALUATION

- Was an annual review of the **employer survey** results conducted to identify strengths and areas for improvement, and factors impacting satisfaction/participation rates?
- Did the program identify how the **employer survey** participation and satisfaction rates were calculated?
- Were **employer survey** results shared with the administration, faculty, and advisory board?
- Based upon the analysis of the **employer survey** data, did the program identify actions/activities to be implemented (action plan) to impact the participation/satisfaction rates?

## DELIVERY METHOD ASSESSMENT

### *V.1.2. (element f) – Delivery method assessment:*

If program is offered in a blended or full distance education format, the PEP includes an assessment of the effectiveness of the instructional delivery method. Assessment may include input from constituency surveys, stakeholders, comparison of delivery method outcomes, changes in delivery method, student population, and scalability.

**Responding to each of the following questions will assist the institution completing a DELIVERY METHOD ASSESSMENT:**

1. What is the process for assessing the effectiveness of the blended or full distance education **delivery method**?
2. Who (this might be one or more individuals) is responsible for conducting the **delivery method** assessment?
3. How frequently is the **delivery method** assessed?
4. What strengths and/or areas for improvement were identified?
5. What changes have been made to improve the **delivery method** and/or educational process?
6. In instances where students have the option to complete the same course/program on ground or via distance, are there any trends apparent in either **delivery method** regarding student achievement indicators, such as retention, credentialing (as applicable), and placement?



### KEYS TO SUCCESS

The institution should incorporate evaluation of its method(s) of delivery in relation to program outcomes. Method(s) of delivery can be identified as a demographic when describing student population given its potential impact on survey feedback, retention, placement, and/or credentialing.



### METHOD OF EVALUATION

- Was the effectiveness of the instructional **delivery method** assessed?

## CURRICULUM ASSESSMENT

### *V.I.2. (element g) – Curriculum Assessment*

An assessment of the curriculum that uses the tools which might include examinations, advisory board input, competency and skill outcomes, faculty review of resource materials, and graduate and employer surveys. Results of the assessment are not required to be reported to ABHES but are considered in **annual** curriculum revision by such parties as the program supervisor, faculty, and the advisory board. Changes adopted are included in the program effectiveness plan.

**Responding to each of the following questions will assist the institution completing a PROGRAM CURRICULUM ASSESSMENT:**

1. What is the process for assessing each program's **curriculum**?
2. Who (this might be one or more individuals) is responsible for assessing program **curriculum**?
3. How frequently is the program **curriculum** assessed?
4. What strengths and/or areas for improvement were identified?
5. What changes have been made to improve the program **curriculum** and/or educational process?



### KEYS TO SUCCESS

Institution evidences that it has an annual systematic process for assessing program curriculum that uses tools which might include examinations, advisory board input, competency and skill outcomes, faculty review of resource materials, and other resources. Factors such as survey feedback, retention, placement and/or credentialing are considered when assessing program curriculum.

The institution should assess/confirm that based upon the elements of the PEP, the program objectives are consistent with the field of study and the credential offered.

Process should support published program objectives.



### METHOD OF EVALUATION

- Was there an assessment of the curriculum?



## STUDENT POPULATION

A description of the characteristics of the student population in each program is included in the PEP.

The institution must determine which student characteristics will be most valuable to use for assessing program effectiveness as it relates to the required elements of the PEP. This information could be identified in a list, a chart, or narrative format.

The following is a list of student population characteristics an institution might consider when describing its program student population:

- Full-time/Part-time
- Day/Evening
- Employed/Unemployed
- First time college/prior postsecondary education
- Admission exam score ranges
- High School Graduate or GED/ATB
- English as a second language
- Delivery method



### KEYS TO SUCCESS

The institution should evaluate a variety of metrics that influence program outcomes. The above list are examples. Programs should select and assess its characteristics when analyzing specific elements, such as retention, placement, and credentialing.



### METHOD OF EVALUATION

- Has the program identified specific student characteristics?
- Has the program selected and assessed its student characteristics when analyzing program retention, placement, and credentialing?

## SUMMARY

In closing, the PEP can be a powerful resource when key changes in educational operations, activities, and strategies to improve program performance are identified and assessed annually.

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